

Docket No. 55732 (71526)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Y. Ikeura et al. EXAMINER: E. J. Webman
SERIAL NO. 09/807,337 GROUP: 1617
FILED: April 10, 2001
FOR: SORBEFACIENTS AND PREPARATIONS FOR PERCUTANEOUS
ABSORPTION CONTAINING THE SAME

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application.

STATUS

2. Applicant is
[] a small entity. A statement:
[] is attached.
[] was already filed.
[X] other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☒ transmitted to Technology Center 1600 by facsimile (703-872-9306) to the Patent and Trademark Office.


Signature

Date: February 13, 2004

John B. Alexander, Ph. D.
(type or print name of person certifying)

(Amendment Transmittal—page 1 of 4)

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Pages: 14

(including cover sheet)

If you received a partial delivery, please call John Alexander at 617-517-5555.

Re: **U.S. Serial Number: 09/807,337**
Our Ref.: No. 55732 (71526)

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Fax

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	Minus	20	=	x \$9 =	\$0		x \$18 =	\$
Indep.	Minus	3	=	x \$39 =	\$0		x \$78 =	\$
[] First Presentation of Multiple Dependent Claim				+ \$130 =	\$0		+ \$260 =	\$
					Total Addit. Fee	OR	Total Addit. Fee	
					\$ 0.00		\$	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) [X] No additional fee for claims is required.

OR

- (d) [] Total additional fee for claims required \$ _____

FEE PAYMENT

5. [] Attached is a check in the sum of \$ _____.
 [] Charge Account No. 04-1105 the sum of \$ 0.00.
 A duplicate of this transmittal is attached.

(Amendment Transmittal—page 3 of 4)

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*


6. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105
AND/OR

☒ If any additional fee for claims is required, charge Account No. 04-1105.

Respectively submitted,

February 13, 2004

By:



John B. Alexander, Ph.D.
Reg. No. 48,399

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